

Family Size							Income Bands
1	2	3	4	5	6	7	
\$0-\$465.29	\$0-\$628.87	\$0-\$792.45	\$0-\$956.04	\$0-\$1,119.62	\$0-\$1,283.20	\$0-\$1,446.79	<b>A</b>
465.30-715.83	628.88-967.49	792.46-1,219.16	956.05-1,470.83	1,119.63-1,722.49	1,283.21-1,974.16	1,446.80-2,225.83	<b>B</b>
715.84-894.79	967.50-1,209.37	1,219.17-1,523.95	1,470.84-1,838.54	1,722.50-2,153.12	1,974.17-2,467.70	2,225.84-2,782.29	<b>C</b>
894.80-1,002.16	1,209.38-1,354.49	1,523.96-1,706.83	1,838.55-2,059.16	2,153.13-2,411.49	2,467.71-2,763.83	2,782.30-3,116.16	<b>D</b>
1,002.17-1,109.54	1,354.50-1,499.62	1,706.84-1,889.70	2,059.17-2,279.79	2,411.50-2,669.87	2,763.84-3,059.95	3,116.17-3,450.04	<b>E</b>
1,109.55-1,216.91	1,499.63-1,644.74	1,889.71-2,072.58	2,279.80-2,500.41	2,669.88-2,928.24	3,059.96-3,356.08	3,450.05-3,783.91	<b>F</b>
1,216.92-1,324.29	1,644.75-1,789.87	2,072.59-2,255.45	2,500.42-2,721.04	2,928.25-3,186.62	3,356.09-3,652.20	3,783.92-4,117.79	<b>G</b>
1,324.30-1,431.73	1,789.88-1,935.09	2,255.46-2,438.45	2,721.05-2,941.81	3,186.63-3,445.17	3,652.21-3,948.53	4,117.80-4,451.88	<b>H</b>

## New income guidelines are here

Every spring, the federal government publishes new federal income guidelines. Basic Health uses these guidelines to determine eligibility and monthly premiums for our reduced-premium program.

As a result of this new scale, you may be able to earn slightly more

income before you have to report an income change. For some families, the revised income guidelines mean a lower monthly premium!

**Your enclosed billing statement for July coverage may show a different premium if your reported income now falls into a lower income band.**

If your income changes at any time, and it affects the income band you fall within, you must let Basic Health know. Each month, the income we have on record for you is shown on your billing statement. Be sure to check that information, and compare it to the income guidelines shown above to determine whether you need to report an income change.

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Member Handbook*.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY/TDD users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

## What counts as income?

Your Basic Health premium is based on your gross family income (before deducting taxes) for the most recent 30 days or complete calendar month, unless you are self-employed or using our “income averaging” method. Whenever sending income information to Basic Health, refer to the following list.

### Include income from the following sources:

- ▶ Salaries, wages, commissions, tips, and work study income
- ▶ Self-employment and rental income
- ▶ Unemployment income and strike benefits
- ▶ Social security benefits and Supplemental Security Income
- ▶ Retirement, pensions, and IRA distributions
- ▶ Child support, family support, and alimony
- ▶ Insurance benefits
- ▶ Income from interest, dividends, trusts, annuities, and royalties
- ▶ Veterans’ benefits and military allotments
- ▶ Labor and Industries benefits
- ▶ Public assistance (Department of Social and Health Services grants)
- ▶ Estate income, gambling/lottery winnings
- ▶ Other income if not listed under “Do not include.”

### Do not include:

- ▶ Income, such as wages, earned by dependent children
- ▶ Capital gains
- ▶ Any assets drawn down as withdrawals from a bank, or proceeds from the sale of property, such as a house or car
- ▶ Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury (except workers’ compensation)
- ▶ Income from a family member who lives in another household, when that income is not available to you or eligible dependents seeking Basic Health enrollment
- ▶ University scholarships, grants, fellowships, or assistantships
- ▶ Non-cash benefits (such as food stamps, school lunches, or housing assistance)
- ▶ Payments for adoption support received from the Department of Social and Health Services

## Self-employed?

**Just a reminder:** If you’re self-employed, you must send Basic Health a copy of your signed 2000 tax return right away. Basic Health requires this documentation of your continued eligibility for coverage. Mail a copy of your complete tax return with all schedules to: Basic Health, P.O. Box 42683, Olympia, WA 98504-2683.

## Tell us if you’re moving

If you are planning to move, you are responsible for reporting your address change to Basic Health--even if you have filed a change of address with the U.S. Postal Service. Here’s what you need to do:

- ▶ Don’t delay! If we are notified more than 20 days after you move, you may miss the billing statement for your next monthly premium. If you miss making your premium payments, you may lose your Basic Health coverage.
- ▶ Either mail in the change card that comes with your billing statement, or call Basic Health at 1-800-660-9840.
- ▶ Be sure to provide all of the following information: your new mailing address, street address, county, and phone number.

## It is very important to keep account information current

Basic Health may verify your income with information on file at other state or federal agencies. If this shows that you have not reported an income increase which would affect your premium, Basic Health may bill you for additional premium amounts due for past months. By law, Basic Health is allowed to collect a penalty of up to 200 percent of the amount due for past premiums, under certain circumstances.

If you receive a letter from us indicating that we are reviewing your income information and have found a discrepancy, please respond right away with the necessary supporting documentation. If you have underpaid, the calculated amount owing for the months in question will be added to your regular monthly premiums.

**Basic Health will be conducting a survey in May. You may receive a call asking about the benefits that are important to you.**